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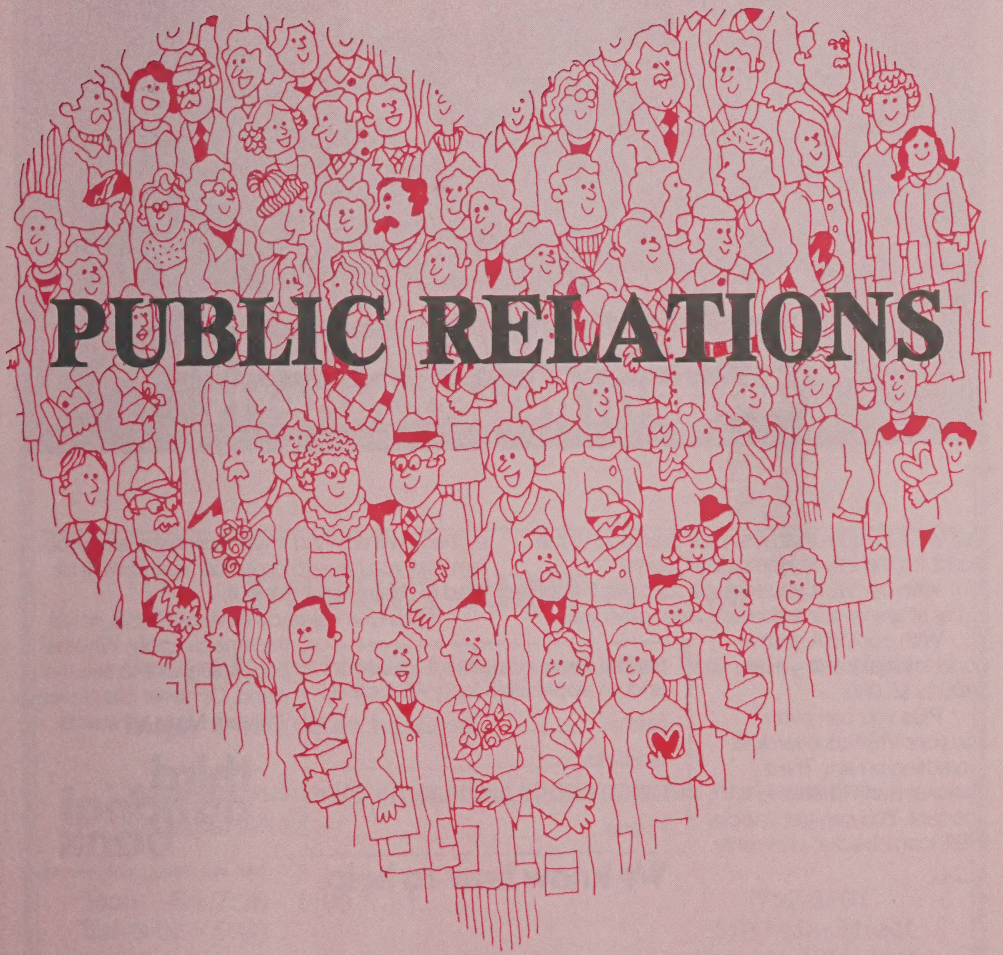

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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
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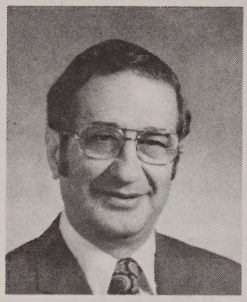

PRESIDENT'S PAGE

Relations: The Public and the Profession.

The special view and eventual judgment adopted by the community at large about a service organization be it professional, political or corporate is termed Public Relations.

Public Relations is a perception of both style (form) and substance. Perception is the sum of what is given and what is received or the expectations of what is about to be received. Perception can be altered by extraneous stimuli given off by intermediary forces either friendly or adversarial (press, political, planners).

The results of the public perception can be good and constructive for the service organization, or effect it adversely resulting in bad results for the giver and the receiver (distrust for example).

What does all this mean? Simply this. We bear the burden of delivering medical services to the public in the most effective way, maintaining the highest current standards; we must be sure that both substance and style are to the public's liking; we must find a way to render impotent any hostile or destructive intermediaries which would have us retrogress to outmoded, unscientific or irrational methods of treatment.

On a person to person level we are for the most part successful in our efforts to please our patients. The polls reveal that overall patients like and trust their doctors. The public doesn't quite have the same degree of trust and liking for the profession as a group. The greater the distance between public and the medical profession the less the trust and liking.

The medical profession must find ways to increase our contacts with the public. We must find better ways to communicate the profession's concern for the best possible delivery of the best medical care to the only people who count: our patients, our constituency. □

ROCCO A. VERRILLI, M.D.

In Memoriam

MARTIN F. GAYNOR, M.D.

Martin F. Gaynor, M.D. died at Mercy Hospital on Wednesday, January 11, 1978.

Dr. Gaynor was a resident of Indian Orchard and a pediatrician in Greater Springfield. He was a graduate of Springfield Cathedral High School, Holy Cross College and received his medical degree from Rush Medical School.

He was a navy veteran of World War II and served as a Lieutenant Commander in the Medical Corps.

Dr. Gaynor was the school physician in Indian Orchard since 1953 and was on the staff of Mercy Hospital and Baystate Medical Center. He was a member of the A.M.A., M.M.S. and H.D.M.S.

The Hampden District Medical Society extends deepest sympathy to his son, Dr. Martin F. Gaynor, Jr. of Plymouth and Ann. C. Gaynor of Chicopee.

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MEDICINE AND PUBLIC RELATIONS 1978

The fat is in the fire! The physician-patient relationship and the standing of the physician in society is slowly changing and may never be the same. On a one to one basis the physician and patient relationship can never be altered. The true physician will always put the patients interest's first and paramount and in turn the patient will understand the physician's concern in this human setting. All the Federal regulations, HDA's and directives from Washington, or Boston can never change the unique and intense interaction between a patient and his or her physician.

However in the overall viewpoint, the exalted place of the physician in society has changed. Physicians in particular and the health care system in general are attacked daily in the news media, by uninformed politicians, bureaucrats and other self-seekers. We are dealing with limitless demands of the public and the unreasonable expectations promoted by politicians and planners. Because of these ceaseless attacks it has become increasingly important that physicians be informed, active, and vocal in all matters affecting our interest in providing the highest quality of medical care attainable. While we must be conscious of cost and available resources, we never compromise in doing what is best for our patient. Those who would have us do less, would designate it be done for others, not themselves!

Although the role of the physician in medical care is being steadily eroded most physicians seem complacent and uninvolved. It is no longer enough just to do a creditable job in one's daily practice. Others are making plans for us, and when we awake to the reality of restrictive regulations it will surely be too late. Now is the time and Hampden County is the place to get involved and work through our organization in combating the menacing intrusions by so called ''health care professional planners''.

In the coming year we shall see many new innovations in medical practice. Second surgical opinions will be requested and made available by third party payors. Utilization review programs will become stricter and leave less latitude for hospital stays. The Health Planning Council will be using the media to work against what the physician feels is good and safe medical practice, both in the office and in the hospital. Herbal medicine and other ''alternative therapies'' will be promoted as adequate or superior substitutes for time tested and standard medical practices.

The physician himself must be most careful and vigilant in his own behavior. Advertising has been given approval by the FTC. Peer review has been made more difficult by restrictive rulings against professional organizations. The offenders among us have been given a freer hand, since the Hampden District Medical Society review and disciplinary action can no longer be used. Those few individuals who make headlines for Medicare or Medicaid fraud or abuse, whether physicians, laboratories or other health care providers, hurt us all. Ugly impressions cast by these greedy few are difficult to erase.

In summary, what can we as individuals do, as physicians and public relations emissaries, in a more energetic way in 1978? We must:

1. Continue to convey to our patients that we are sincerely concerned with their welfare and demonstrate it at all times.
2. Become knowledgeable in health care matters and work through our District Medical Society to bring about the highest quality medical care attainable today.
3. Volunteer to join committees of the Hampden District Medical Society working towards these goals. Also become involved in broader organizations including the WMPSRO and the Health Care Foundation of Western Massachusetts.
4. Finally become involved, write letters to the editors of newspapers when unfair articles appear. NOW is the time, tomorrow may be too late!! □

BERNARD BLOOM, M.D.
P.R. CHAIRMAN

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MEDICAL PROFESSION AND THE PRESS

Whenever I ask reporters to grade news sources according to their co-operativeness, firefighters always top the list.

That's not hard to understand. The firefighter the reporter calls when there is a big fire is the only firefighter who isn't fighting the fire. He's manning a switchboard. He wants to help, and he has the ability, time and opportunity to help us.

When I first polled reporters on this subject, doctors and hospitals were tenth on a listing of ten. That wasn't hard to understand. When the reporter called about a tragedy that put people into the emergency room, there was no professional who had the knowledge and who was not involved in the life-saving process. The people who knew the facts put a higher priority on saving the patient than on serving the media. Also, many doctors are totally committed to protecting patient privacy, and so say nothing about anyone. We hardly need add the fact that doctors' telephone lines are often jammed for long periods of time, so that there is no way to communicate with them, anyway.

In more recent years, doctors and hospitals have climbed half-way on the list of 10 news sources, and the hospitals must be given the major credit for the advance. Reporters speak of the hospitals' public relations experts who are usually available to find the answers and report them back accurately and swiftly to the reporters.

Doctors have also helped. The Hampden District Medical Society has a public relations committee, and it assembles each year a listing of members in every medical specialty who are willing to answer media queries. The Valley Press Club has helped, but even its recent seminar on Media and Medicine had the suggestion of confrontation in its choice of subtitle: "A Meeting Ground," and choice of art work: Doctor and newsman dueling.

There are other entrants in the health field who have obviously placed a high value on public relations. At Blue Cross of Massachusetts, public relations is considered not a low-level staff function, but an important part of the executive responsibility. Similarly, the Massachusetts Hospitals Association has come to recognize the value of public relations. Both of these organizations now have highly-qualified professionals, well known throughout the state's media, directing their public relations programs.

During the long period that several hospitals in this area were without Blue Cross contracts, Blue Cross furnished local media with telephone numbers at which Blue Cross representatives could be contacted 24 hours a day, seven days a week to answer any questions about the contract situation.

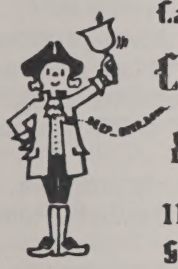
Federal agencies have always been sensitive to public relations, and as the federal government moves more deeply into the health field, news reporters will find more sources of information on all aspects of medical and health care.

The Western Massachusetts Health Planning Council has been very co-operative with the press, inviting the media to meetings and hearings, and being available to answer questions on health care planning. The council's designation as Health Systems Agency under federal legislation will increase its public relations exposure at the same time it will increase its control over the health care system in Western Massachusetts.

Reporters seek news from all sources, and the public is best served when all sources are equally available, knowledgeable, candid and helpful. A good reporter works to balance his or her story without regard to the attitude or the public relations skills of the news sources, but, despite some evidence to the contrary, those of us in the media are human beings, with human sensibilities.

Blue Cross-Blue Shield, insurance companies and other third-party payors, federal and state regulatory agencies, hospitals and their associations have seen the value of good public relations, and, if the whole spectrum of health care is to be presented accurately and fairly by the media, all those in the health field must recognize that same value. □

RICHARD C. GARVEY
Editor
Springfield Daily News



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MEDICAL SOCIETY PUBLIC RELATIONS

Medical Public Relations at the local level takes on new importance as physicians, through their medical societies, become more aware of the need to communicate with the community they serve. To help this need, the American Medical Association's 1978 public relations program promotes the local viewpoint.

The most visible 1978 effort is an advertising campaign aimed at the country's opinion leaders. A series of ads on subjects of current interest and educational value will run in the kinds of magazines and newspapers read by those people who can exert influence in the right places -- from business to government. Local societies can add their names to magazine ads on a regional basis or request appropriate materials to place the ads in local newspapers.

Local societies can also strengthen their public relations effort through a new AMA-sponsored speaker's program designed to bring elected AMA Officers together with nonmedical audiences. Through this program, appropriate information will reach a broad spectrum of listeners whose opinion of health care is becoming more and more critical.

For the medical audience -- those local society members who need to know what the AMA is doing and saying -- the AMA produces a weekly, five-minute program on the Physician's Radio Network (PRN), a closed-circuit broadcasting vehicle.

A special mailing program targeted to counteract any negative presentations on medical issues will be initiated in 1978, and sent to opinion leaders in the fields of law, business, the academic world, and government.

Other programs, such as expanded distribution of AMA-produced public service films, meetings between AMA officers and key print and broadcast editorial personnel, and special communications projects based around specific health-related events round out a PR program that will reach key segments of each community.

If you would like more information about the speaker's program, or if you would like to arrange for a speaker, contact, Barbara Eich, Public Affairs Division, (312) 751-6453.

If you need a speaker for your civic club or you want participation in a local event, contact your "primary contact" in the Department of Federation Communications.

For information on the advertising campaign, media relations, and other public relations programs, contact the Office of Public Relations, Toba Cohen, (312) 751-6610.

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A QUICK REPORT OF THE ST. MAARTEN TRIP

Fifty physicians and wives were enrolled, which included main speakers.
Eleven physicians cancelled out which included the two speakers.

Two couples went to Nassau, one couple went to Miami.

Three physicians from Connecticut asked in St. Maarten if they could join the program.

A list of physicians according to specialties:

1- Anesthesiology
1- Dermatology
9- Internal Medicine
1- Neurology
2- Neuro Surgery
6- Obstetrics-Gynecology
1- Ophthalmology
8- Orthopedic Surgery
1- Otolaryngology
1- Pediatrician
1- Pediatric Surgery
1- Plastic Surgery
1- Psychiatry
5- Surgery
3- Urology

Also along on the trip were 13 lay persons. Three nurses attended the seminars.

As Executive Secretary of the HDMS and as a registered nurse (although I have not practiced for a good number of years) I would like to make a few comments about the Seminar held in St. Maarten from January 15-22, 1978.

When the main speakers cancelled and a new program was in order, Dr. Guardione worked on the revision and the physicians bounced right in and cooperated.

It was indeed a very satisfying experience for me to hear the lectures given by the physicians from HDMS. The expertise of all as lecturers and the subject material was excellent. I feel very proud to be a part of the HDMS and know that such physicians are practising and caring for their patients. They took their seminars seriously and enjoyed their ''Play time'' to its fullest. The comradeship shown by the docotors was commendable.

In spite of the delays on both ends of the journey, as a whole the seminar and the trip was enjoyable.

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As I looked around the terminal at 5:00 A.M. on Monday morning, it was a tired and dishevelled group of people but I thought of all the happy faces when at St. Maarten and I knew it was all worthwhile and that every attendee had a good time and got to know each other a little bit better.

I wish to thank Vinnie Guardione for being such a superior chairman of both the Committee and the seminar. It was a joy working with him, and he is to be congratulated for doing such a fine job.

I wish to thank the committee for insisting that I attend as in spite of the work attached I did enjoy myself during free hours. □

VIVIAN M. PURDY
Executive Secretary

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BY
JOHN C. AYRES, M.D.
ALTERNATE DELEGATE TO THE A.M.A.

At the opening session of the A.M.A. Interim Meeting of the House of Delegates in Chicago on December 4, 1977, John H. Budd, M.D., President of the A.M.A., made a concerted plea for "aggressive moderation" in seeking an equitable and efficacious system in health care delivery and unity of the profession. The House of Delegates responded appropriately but not without a certain amount of heated debate and posturing.

COMPREHENSIVE HEALTH INSURANCE

One of the most divisive issues for the profession in recent years has been the debate on the A.M.A. sponsored national or comprehensive health insurance legislation. The history of discussions on this issue by the House goes back almost a decade so that there was nothing really new to debate at the 1977 interim meeting. The rhetoric was somewhat subdued; the time of debate, somewhat curtailed; and the margin of support, in the vicinity of 4 to 1 (178-46). Seemingly this renewal of support for the A.M.A. sponsored legislation is a manifestation of acceptance by the profession that some form of national health insurance is inevitable, that the profession can live with most of the principles contained therein, and that by such action the profession ensures itself a place and a voice at the table when a national health insurance program is put together.

UNITY

With an eye to providing a stronger and more united voice for the profession, the House voted to revamp the A.M.A.'s Section Council system and set specific criteria for giving specialty societies direct representation in the federation. The adopted criteria provide one delegate seat in the House to any specialty society that was represented on an A.M.A. Section Council in 1977 and has at least 1,000 A.M.A. members or represents a specialty for which there is an approved examining board listed in the Liaison Committee on Graduate Medical Education's Directory of Accredited Residencies. The Section Councils

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will lose their delegate seats under the new policy but will be retained as official components of the A.M.A. to provide a mechanism for the deliberation and study of scientific, educational, and other matters of mutual concern within each discipline. Thirty-seven (37) specialty societies now have 1,000 or more A.M.A. members. Eleven (11) others have fewer than 1,000 A.M.A. members but have been represented on Section Councils and represent specialties with approved examining boards. If the 48 societies apply and are accepted for representation, the House would be expanded by 20 delegates and the level of specialty society representation could increase from the 11% it had under the section council system to about 17%. Qualifying specialty societies that apply for representation can have their delegates seated at the Annual Meeting of the A.M.A. next June; those that do not apply before the first day of the 1978 A.M.A. Interim Meeting must be approved by both the Board of Trustees and the House.

The latter policy was not adopted without heated debate with some delegates "knocking" the change and others applauding same. The anti group voiced the opinion that, as existing and new specialty societies became eligible for direct representation in the House, representation by the state medical societies would be "diluted or polluted"; expressed the fear that rather than unifying medicine, this representation plan might foster more fragmentation; and blasted the plan as an attempt to emasculate the Section Council system by taking away its voting powers and making the Councils merely "debating societies". The pro group applauded the plan as a "movement for unification by the incorporation of persons who may not presently be represented" and as an incentive for increasing A.M.A. membership within specialty societies by enabling them to qualify for direct representation.

COST CONTROLS

On the day before the House of Delegates met, a fifteen page summary of the report of the A.M.A. sponsored and financed National Commission on the Cost of Medical Care was released. This potentially divisive report contains many recommendations at odds with A.M.A. policy. The summary report holds forth that changes in the present health care delivery system are necessary and should be based on the old idea of the market place where providers compete on the basis of services and prices and where the informed consumers shop around for the best deal. Moreover, self-imposed, voluntary controls on quantity, quality, and price should prevail over governmentally imposed regulations. The Commission's report containing 48 detailed recommendations, stands on its own and does not represent the policy of any organized group, especially, that of the A.M.A.

An effort was made to introduce the report for debate on the floor of the House of Delegates. However, A.M.A. Trustees and staff prevailed on the House to postpone deliberation till the next session so that the Commission's findings and recommendations could be better digested after reading the unabridged three volumes of the full Commission Report, which should become available in the next few months. There also was an intimation that possible rejection of the entire document by the House of Delegates at the December, 1977, meeting would have

"disastrous" consequences on the political efforts of a "steering committee" being formed by the A.M.A., American Hospital Association, and Federation of American Hospitals to launch a voluntary cost containment program. This committee is striving to demonstrate to Congress that the private sector can control health care cost without government intrusion. In the meantime, all physicians are urged to familiarize themselves with the Commission's report and transmit their sentiments to the A.M.A. Board of Trustees and members of the House of Delegates.

OTHER ACTIONS

In regard to hospital-physician relationships the House voted that individual hospitals should determine which health care practitioners should be granted clinical privileges within the scope of their legally recongnized area of practice and in accordance with community needs and applicable state laws and regulations and with reliance upon recommendations of the organized medical staff. Moreover, it was voted to oppose the mandatory delegation for the diagnosis and treatment of the private patient primarily to house staff physicians, who should rather for the purpose of training be allowed to participate in the care of private patients subject to the attending physician's consent. It was further reaffirmed that there shall be one physician responsible for the overall care of the patient in the hospital.

The delegates resoundingly opposed the "participate or perish" practices of some Blue Shield-Blue Cross plans. Moreover, they also adopted a resolution placing the A.M.A. in strong opposition to third-party differentiation in payment for covered services provided by participating and non-participating physicians as discriminatory against the physician who does not have a separate contractual relationship with the carrier and as inhibiting the patient's free choice of physician.

A series of legislative amendments designed to stem the growing federal intrusion into medicine were approved. The House also urged that the penalties for possession of small amounts of marihuana be "modified," although criminal sanctions should still be imposed for drug trafficking.

Only 3 years after the storm that accompanied debate at the 1974 Clinical Convention over A.M.A.'s fiscal crisis, the delegates found the A.M.A. to be in excellent financial health and praised the staff for "progressive management".

"Negativism and griping" on the part of physicians must yield to positiveness "that simultaneously does justice to the public's interest and our professional rights." The A.M.A. has to act as a balance wheel in terms of those interests and those rights. We have to be moderates. And the moderation has to be as aggressive, as forceful, as government's tendency toward excess." "No individual physician regardless of how big he may feel can stand up to big government. No splinter group can be anything more than a splinter at a time when we must be a forest of strength." So advised President John H. Budd in his opening address. We, physicians, have no alternative but to be unified. However, to what measure and for how long will our frustrations permit our aggression to remain moderate? □

AN ULTRA MODERN VALENTINE

Once on a time the heart was just
A very simple viscus,
A pump for those inclined to jump,
To run, or throw the discus.
Both myth and mystery it held,
But over all, the fact is
It kept its place within the chest
For Cupid's target practice.
Then William Harvey came along
With thoughts about the heart,
Then cardiologists galore
Upset the apple cart.
Now darling I'm depolarized,
My sinus rhythm's gone,
My mitral valve is all prolapsed,
No enzymes turn me on.
And now a grave technician team
Of solemn surgeons wrestles
If they should do a bypass of
My coronary vessels.
So if I gave my heart to you
(With all the wealth of Croesus)
How would you know what you'd received
Was not a mere prosthesis?

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CORRESPONDENCE

To The Editor:

In the January issue of "The Hampden Hippocrat," Doctor Sellei expresses a point of view on factors contributing to the cost of health care. Peppered with innuendos, speculations, and unsubstantiated assertions, his article cannot be left unchallenged.

Doctor Sellei summarizes a published thesis painting the large hospital as the villain in the drama and then only partially dismisses the preposterous hypothesis as "a rather simplistic picture but not without a kernel of truth". Doctor Sellei, what exactly **is** the kernel of truth in the incredible fantasy? It would be my point of view that the entire fabric of the thesis is flimsy.

Then, swooping down on the local scene, Doctor Sellei questions the need for a cardiac surgery program in Springfield. Doctor Sellei is, of course, entitled to his point of view but should respect accuracy. In fact, the developing program in Springfield has **not** included an added full-time cardiologist, nor is the volume of cases he has recorded close to the 200 or more which is projected for the program annually.

About teaching programs, Doctor Sellei cautions a restrained enthusiasm "if teaching programs generate 60% more laboratory tests and add at least 21% to per diem costs". The important question, of course, is whether teaching programs do add such costs unnecessarily to health care. If you have facts to support such a charge, Doctor Sellei, what are they? If there are no such facts, then sneaking those percentages in behind a tiny "if" is less than honest.

Finally, and most distressing, are the scurrilous comments about full-time physicians. If, as is the case with many salaried physicians in the Springfield area, the full-time doctor works long hours, serves important health care needs, is available and accessible nights and week ends, and is paid considerably less than his colleague in private practice, is his or her presence not eminently justifiable economically? Who, then, is subsidizing whom?

I find particularly objectionable Doctor Sellei's innuendo: "It seems plausible that full-time men generate more consultations by being more specialized and referring to each other". Not only is Doctor Sellei's logic flawed in that the full-time physician is least likely to manifest the patterns described, but his unsubstantiated accusation smacks of McCarthyism.

It is unfortunate that Doctor Sellei's inflammatory and divisive comments do nothing to promote the goals articulated in his last paragraph. Concern about cost of health care is incumbent on us all, private practitioners and full-time physicians alike. Doctor Sellei's tilting at windmills only sidetracks us all from this objective. □

Sincerely yours,
HERBERT S. WAXMAN, M.D.
Chairman
Department of Medicine

EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, January 24, 1978 in the Conference Room of the Hampden District Medical Society. Present were Drs. Walthall, Fitzpatrick, Sachsse, Magill, Remsberg, Stoddard, Flahive, Verrilli, and Mrs. Purdy.

Dr. Verrilli called the meeting to order at 7:40 P.M.

The minutes had been mailed out previously to the committee. Dr. Flahive suggested one change and the committee voted to approve the amendment.

Correspondence

Dr. Baldwin asked for a leave of absence as he plans to study Nuclear Medicine. The committee approved this leave.

Dr. O'Connor wrote asking to resign as he intends to go back to Ireland to practice. The committee approved of this resignation with regrets.

Dr. Bagamary's statement to the meeting held on the Western Massachusetts Health Planning Council was read to the committee. Dr. Bagamary and his group is establishing a full time office in Huntington, Russell section of Massachusetts. The committee agreed that a letter of congratulations should be written to Dr. Bagamary and his group. It was also suggested that some publicity be given to the group of physicians in Westfield for their forethought.

Dr. Bagamary wrote declining the invitation to become a Councilor because of the work involved in opening the new offices in Huntington, etc. The committee voted the appointment of Dr. Raymond Anton of Westfield to become a Councilor.

A letter was read from Mr. Terry Aberdale about the need of a physician to serve in an advisory capacity regarding providing health care within the Hampden County Jail. It was suggested that Dr. Lewis Whiting be asked to be liasion between the Hampden Jail and the Hampden District Medical Society as he had done a survey last year.

The community Council wrote asking if someone could attend a meeting to address the problem of elderly citizens in the area who need protective care for their own safety but are unwilling or unable to accept services in a normal manner. Mrs. Purdy volunteered to attend this meeting and report back in February.

Four physicians in Hampden have not paid their initial dues to the Massachusetts Medical Society when joining in 1976. Three of the physicians will be spoken to by Dr. Sachsse. The other one will be checked on by Mrs. Purdy.

NURSE PRACTIONER

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A questionnaire sent by the Massachusetts Medical Society on Blue Shield was discussed. Dr. Stoddard will talk about this at the District Meeting and he will write an article for the February issue of the Hampden Hippocrat for the membership's information.

The question raised by the Massachusetts Medical Society re: two letters for new members was voted out completely by the Executive Committee when they met.

Dr. Pomerantz accepted the position of Chairman of the Mental Health Committee as asked by Mr. James Murray of the City Council. Dr. Pomerantz will ge given necessary information and Mr. Murray will be informed. Dr. Verrilli read a letter from Massachusetts Mutual, Mr. Tesoro, on the 2nd opinion program. The committee discussed this and agreed that the month of December is not a good month to truly evaluate 2nd opinions in elective surgery. It was suggested that Massachusetts Mutual wait for a month or two. A letter will be written by Dr. Verrilli.

New Business

Dr. Verrilli gave a report of the Public Relations meeting held to discuss the problems of the local HSA. He reported of a phone conversation he had with the President Elect of Fairfax County Medical Association on how they are handling the HSA problems in their county. Dr. Flahive and Mrs. Purdy will try to see this physician when at Leadership Conference.

WHYN television is presenting a program on Wednesday, January 25, 1978 on Issues. Mr. Gifford and Mr. Yost from the Western Massachusetts Health Planning Council will be on the program. Dr. Verrilli wrote asking why a physician was not included and Durham Caldwell replied that this does not preclude a follow up program in future months.

Several Certificates of Needs were sent to the Hampden District Medical Society about some satellite clinics being established in various sections of Hampden County. There will be no action at present as several of the physicians have already testified against the need for these clinics.

Mrs. Purdy gave a report of the St. Maarten trip and the statistics of the questionnaire given to the participants has been tabulated. These reports have been sent to Dr. Guardione.

Dr. Flahive reported that one physician contacted him about the abortion letter in the recent Hampden Hippocrat. Mrs. Purdy had asked Mr. Garvey of the Springfield Daily News about the handling of letters to the Editor being printed. It was agreed that anyone objecting to letters should respond with a letter of rebuttal.

The meeting was adjourned at 9:05 P.M. □

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PHYSICIAN COMMENT SOUGHT ON CHANGES IN ETHICS CODE

CHICAGO -- The American Medical Association is seeking comment from American physicians regarding proposed revision of the AMA's Principles of Medical Ethics.

The amendments proposed by the AMA Judicial Council are intended to modernize the language of the Principles and to clarify their meaning. The changes are on the agenda of the AMA House of Delegates for the Annual Convention in June, 1978, in St. Louis.

Comments and suggestions should be addressed to:

Bruce Nortell, Secretary
AMA Judicial Council
American Medical Association
535 N. Dearborn St.
Chicago, IL 60610

Following are the present Principles of Medical Ethics, and the proposed new version of the Principles.

PRESENT PRINCIPLES OF MEDICAL ETHICS

Preamble. These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

Section 1. The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man.
Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

Section 2. Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

Section 3. A physician should practice a method of healing founded on a scientific basis; and should not voluntarily associate professionally with anyone who violates this principle.

Section 4. The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

Section 5. A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

Section 6. A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

Section 7. In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interest of the patient.

Section 8. A physician should seek consultation upon request; in doubtfull or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

Section 9. A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

Section 10. The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

PROPOSED NEW PRINCIPLES OF MEDICAL ETHICS

Preamble. These principles are intended to aid physicians in maintaining high standards of ethical professional conduct in their relations with patients, colleagues, members of allied professions, and the public.

One. The primary objective of the medical profession is to serve patients competently with full respect for their dignity.

Two. Physicians should strive continually to improve medical knowledge and skill and to make available to patients and colleagues the benefits of their professional attainments.

Three. A physician should not engage or participate in treatment which is not founded on a scientific basis.

Four. The medical profession should protect the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of their profession, and voluntarily accept its self-imposed disciplines. Physicians should expose, without hesitation, illegal or unethical conduct of members of the profession.

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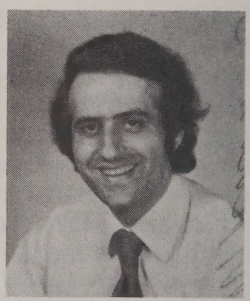
Five. Physicians may choose when they will serve except in emergencies. Competent services should be provided and continued until the physician is discharged or services are discontinued after giving adequate notice. A physician should not attempt to obtain patients by deception.
Six. Physicians should resist restraints which interfere with medical judgment and skill or couse deterioration of the quality of medical care.
Seven. Physicians are entitled to be compensated fairly for personally providing or supervising the medical care of patients. A commission should not be paid nor accepted for the referral of patients.
Eight. A physician should seek consultation upon request or whenever it may benefit the patient.
Nine. A physician may not reveal confidences entrusted during medical attendance or deficiences observed in the character of patients, unless required to do so by law or it becomes necessary in protecting the welfare of the patients or the community.
Ten. In addition to providing care to patients, the physician has a social responsibility to participate in activities intended to improve the health of the community. □

JANUARY, 1978

WELCOME NEW MEMBER



Ioannis H. Rousou, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, Mass. 01107

Born: September 18, 1944
Medical School: University of Beirut, Lebanon - 1971
Internship: American University of Beirut Medical Center, Lebanon (July, 1970 - June, 1971)
Residency: University of Rochester, New YOrk, General Surgery (July, 1971 - June, 1975)
University of Illinois, Illinois, Cardiothoracic Surgery (July, 1975 - December, 1977)
Specialty: Cardiothoracic Surgery

AUXILIARY NEWS

A MESSAGE FROM OUR PRESIDENT

This being the mid-point of our annual activities, I would like to take this opportunity to summarize what has been accomplished during the first part of the year and let you know what you can expect in the coming months.

Our year began with two trips to Cohoes, one trip in August and the other in September. Under the expert direction of Wenda Restall, both trips were highly successful and enriched our Scholarship Fund by $400.

On September 20, we held a Health Care Seminar at the Longmeadow Community House in conjunction with Mercy Hospital and the Baystate Medical Auxiliaries. The lively exchange was quite informative, as provided by a number of individuals directly related to the Health Care Field.

Our White Cap Ball took place at the Crestview Country Club on October 29. Lois Grant, Joan Guardione and Audrey Botnick are to be commended for beautifully planning an elegant evening which consisted of excellent food and dancing. It was an evening to remember for those present. For those unable to attend, many thanks for your generous contributions; the Scholarship Fund benefited approximately $1500.

The Christmas Tea and Boutique, held on December 6, was exquisite. My warmest thanks are extended to Elsie Caldarola, Wenda Restall and Francoise Pelletier for the delicious and tempting array of pastries and hors d'oeuvres that were enjoyed by everyone present. The auxiliary is fortunate, indeed, to have such talented gourmets.

The tea was equally complemented by a beautiful boutique presented by Diana Abbasy and Kathy Gray, in addition to gift items for AMA-ERF from Louise Zadworny and Joanne Janovsky. The selections of gifts were wide, varied, imaginative and colorful. To top off the festivities, Dee Gainski featured our annual Holiday Bake Sale which gets bigger and better each year. It was a happy occasion, and I'm pleased to announce an approximate $300 benefit for our Scholarship Fund.

1978 brings several major events. Carole Yorzyk and Betsy Stevens are completing plans for our Annual Jazz Concert to be held on March 12 at Chez Josef. Cary DeCenzo is in charge of the raffle, the main prize being a trip to Bermuda or $500 cash. Subsequently, another trip to Cohoes is being scheduled for Thursday, March 16 by Carolyn Ledewitz.

Our last activity of the season, our Annual Meeting, will be a very special event---A Champagne Brunch and Fashion Show to be held at the Longmeadow Country Club on April 25. Fashions will be presented by the Beverly Shop and Bloomingals of Northampton. Elsie Caldarola and Arlene Corsaro are our chairladies.

As a reminder, I would like to tell you that the details of our activities are being fully covered in the Hampden Hippocrat by Helen Gallivan. For your information, please pay particular attention to her articles.

Any of our members, who have belonged to the auxiliary for 25 years and who have reached the age of 75, are requested to notify Peg Stoler, treasurer, to eliminate the need for further notifications regarding dues.

Our Health Education Chairman, Kathy Lovell, reports that the Health Care Project at the Science Museum is fully underway, and we hopefully expect to have the exhibits open to the public by March 1.

Please mark your calendar for the coming events. We wouldn't want to miss seeing you. Your continued cooperation and attendance will ensure the completion of a successful year. □

CYNTHIA BYE
President

For those who have dissected or inspected many, have at least learned to doubt whom the others, who are ignorant of anatomy, and do not take the hours to attend to it, are in no doubt at all.

GIOVANNI BATTISTA MORGAGNI

Eat no green apples or you'll droop
Be careful not to get the croup,
Avoid the chicken-pox and such
And don't fall out of windows much

EDMOND ANTHONY: Advice to Small Children

Between you & me, I think an infant is disagreeable-it is all gut and squall.

CHARLES BROWN 1786-1842

Children suck the mother when they are young and the father when they are old.

ENGLISH PROVERB

Medicine cures the man who is fated not to die.

CHINESE PROVERB

Adhesions are the refuge of the diagnostically destitute.

WILLIAM OSLER

CHRISTMAS 1977

I see countless houses across the land
wherein people of all kind exist.
I wonder how many homes there are
wherein man lives?
In harmony, in love, in giving and caring.

As I pass my half century and six years,
I realize more than ever the family unit is
the very structure of our being.
It is the harbor, wherein our ship of life sails
out to sea
To explore and consume the beauty of the world,
the tapestry of God.

During its voyage, the sea and the wind are
inevitably rough and turbulent.
Yet the sextant, within man, if strong
and developed with care,
Will overcome the journey's hardships across
life's seas.
The very ingredient of life and true beauty is
when you can give love, more than you
receive.

When you care for the concern of others
more than your own,
When you can give of yourself more than
your possessions.
It is only then that your ship will end its
journey upon the enchanted island.
Not life's end, but its beginning.

For as you disembark, the love you leave behind,
the new hands upon the old sextant,
Will sail on and continue its journey to other seas,
as once you sailed.

CHRISTMAS 1977
S.A. ZACARIAN, M.D.

According to the newspapers, "It's official. The former Ellen Cooperman is now Ellen Cooperperson." The story coninues, "I did it simply because I wanted to show my strong feelings about the sexist nature of our language," said Ms. Cooperperson. Fortunately the woperson involved did not receive a personscript handed down by the judge persondating the suggestion that his rulings only applied to the borough of Personhattan.

My Uncle Ben, who practices up north says, "When I started taking care of the sick I could tell the gender of my patients in the waiting room. Now I have to wait until they are in the examing room."

PRESIDENTIAL PARALLELS

There's lots of things we used to have
In common with the Carters.
Our income--it was peanuts too--
We had no socks or garters.
Though barefoot, even then we had
No thought that we were martyrs.
We lusted for the janes in Plains,
We had our beery brothers.
We might have swapped some relatives
If we had had our druthers.
Our lives could have been different
If we'd lived one another's.
But recently, like them, we found
Our fortune came in bunches;
Except one sorrow that we shared
With them, at least my hunch is,
No invitations ever came
For three martini lunches.

HNS

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THE TIP OF THE ICE CUBE

According to the newspapers, a federal plan to reduce suspected cancer-causing chemicals in drinking water is to be proposed shortly. The chemicals, called trihalomethanes have been linked to cancer in laboratory animals.

MALIGNANT FATE

"Dear Mama Mouse may I go out?"
"Yes, my darling daughter,
Go out and smoke a cigarette
But do not drink the water."

"Go out and breathe asbestos dust,
Perhaps you'll die in coma,
But what could be a better fate
Than mesothelioma?"

"Go marching off to war, my dear,
Engage in all the slaughter,
But federal bureaucrats forbid
That you should drink the water."

I hope that she will not forget
The things that I have taught her
Don't fret about cholesterol
But never drink the water.

If you have had what in Vermont used to be called "the prevailing distemper" - - the upset stomach variety, and incidentally "upset stomach" is the understatement of the season--you know how the whale must have felt after swallowing Jonah.

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